ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
<u> </u>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
ESTATE OF (NAME):		
	DECEDENT	
PROOF OF HOLOGRAPHIC INSTRUMENT		CASE NUMBER:
1. I was acquainted with the decedent for the following number of ye	ears (specify):	
	, ,	
2. I was related to the decedent as (specify):		
	and the state of the state of	
3. I have personal knowledge of the decedent's handwriting which I acquired as follows:		
b. I saw a writing purporting to be in the decedent's handwriting and upon which decedent acted or was charged.		
It was (specify):		
it was (specify).		
c. I received letters in the due course of mail purporting to be from the decedent in response to letters I addressed and mailed		
to the decedent.		
d Other (specify other means of obtaining knowledge):		
4. I have examined the attached copy of the instrument, and its handw	ritten provisions were	e written by and the instrument was signed by
the hand of the decedent. (Affix a copy of the instrument as attachment 4.)		
	· d · d · f · · ·	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Date:		
	<u> </u>	
(TYPE OR PRINT NAME)		(SIGNATURE)
(ADDRESS)		
ATTORNEY'S CE	RTIFICATION	
(Check local court rules for requirements for	or certifying copies of	wills and codicils)
I am an active member of The State Bar of California. I declare under		
attachment 4 is a photographic copy of every page of the holographic ir	nstrument heretofore	presented for probate.
Data		
Date:		
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY)